pillow-case, half-filled with hot dry bran (*bhoosee*) in which the patient lies; large hot linseed meal or *soojee* cataplasms to follow the sinapisms over the liver and loins, and the free use of *nature's own diuretics*, water and milk. Dr. Goodeve says "water is the best diuretic." After cholera I have never dared to irritate the kidneys by more stimulating direct diuretics. These organs can, at this most critical period, only be *solicited* by the use of bland demulcent fluids, supplying the place of that which the cholera flux has almost completely drained the system of. Attempts to *compel* them to act can only tend to produce arterial congestion and uræmia.

24. *Treatment in extremis of Cases of Fibrinous Separation in the Heart and Large Vessels.*—Dr. Richardson read before the Medical Society of London (April 19th) a report of a further research on this subject, being a continuation of one read before the Society in 1872. The details of four cases were then related, in which the author had administered ammonia in large doses, for the purpose of causing resolution of fibrine in the right side of the heart or in the great vessels. In three of the cases the treatment was successful, but the fourth had a fatal termination, the patient dying from cerebral effusion. After a minute relation of these examples of disease, Dr. Richardson passed to the practical lessons suggested by them. He described the diagnosis of obstruction in the right side of the heart, considering—(*a*) the characteristic dyspnœa with open air-passages; (*b*) the fulness of the veins of the neck; (*c*) the feeble pulse, with the tumultuous and sometimes forcible stroke of the heart; (*d*) the diminished quality of the first sound of the heart; (*e*) the differentiation in the action of the tricuspid and mitral valves in respect to the first sound, a suppressed sound, not a murmur, being defined as the true physical indication of the presence of the coagulum. In connection with the question of diagnosis, the author showed that a series of hysterical symptoms might in some persons so closely imitate the symptoms of obstruction that it was most difficult at first to distinguish between them and the true affection, the spurious symptoms, however, being recognizable from the actual by the physical signs to a certain extent; but that which proved them most certainly to be spurious was the rapidity with which, under any or no treatment, they passed away. The subject of treatment was then commented on. Together with the persistent administration of ammonia until the whole volume of the blood is under the influence of the alkali, absolute rest of the body in the horizontal position was most urgently enforced; the diet insisted on was milk chiefly, with avoidance of solid food and of alcoholic stimulants in every form; the employment of solutions, of opium especially, was forbidden. The *modus operandi* of the ammonia treatment was entered into at some length. The remedy was not given, the author said, as a stimulant, neither was it administered for the purpose of reducing febrile heat, though it might materially assist in this latter intention, but it was given to act as a solvent on the blood, and to prevent putrefactive changes; in illustration of which action a specimen of blood was shown which was still fresh and still fluid, although it had been kept over six months, having been kept in this state by the presence of ammonia. Dr. Richardson terminated his paper by saying that if he had suggested a plan of treatment which in one case out of four should save the patient, he should feel happy in the consciousness of having essayed a good work.—*Lancet*, May 1, 1875.

25. *Sweating of Chronic Phthisis.*—Prof. James Little states (*Dublin Journ. Med. Sci.*, January, 1875) that he has satisfied himself that five grains of Dover's powder administered at bedtime, "checks phthisical sweating more frequently than any other remedy. Next to it is atropia, or its sulphate. It is best given in pill, $\frac{1}{100}$ grain to $\frac{1}{80}$ grain. As this requires very careful compounding, it is sometimes safer to use the liquor atropiæ—one minim to one minim and a half; but, whether from the instability of the solution or some other cause, the atropia does not display its power over sweating so markedly when given in solution as when administered in pill. The chill caused by the damp night-dress is not only a great discomfort to the phthisical, but is, I believe,

a not uncommon cause of the intercurrent pulmonary congestion to which they are so subject; and all consumptives who sweat should, therefore, wear a large, loose night-dress made of fine flannel."

26. *Tar in Bronchial Catarrh and Winter Cough.*—Dr. SIDNEY RINGER and Mr. WM. MURRELL state (*Brit. Med. Journ.*, March 20, 1875) that the frequent and popular use of this remedy has induced them to try its effects. "Patients," they say, "so susceptible to cold that they were obliged to remain indoors the whole winter, informed us that this remedy curtailed considerably the duration and lessened the severity of their catarrhal attacks, and that, by an occasional recourse to the tar, they became less prone to catch cold, and could more freely expose themselves to the weather without incurring an attack.

"We employed it in two-grain doses, made into a pill, every three or four hours. From October to January inclusive, we carefully watched its effects on twenty-five patients whose ages varied from 34 to 70, the average being 44. All these patients had suffered for several years from winter-cough, lasting the whole winter. They were out-patients, and visited the hospital weekly, or oftener. Most of them were much exposed to the weather, whilst some were so ill that they were obliged to stop work, and, therefore, were less exposed.

"These patients suffered from the symptoms common in winter-cough—paroxysmal and violent cough, the paroxysms lasting from two to ten minutes, and recurring ten to twelve times a day, and, in the night, breaking their rest. The expectoration, frothy and slightly purulent, was generally rather abundant, amounting in some cases to half a pint or more in the day. The breathing was very short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibillant rhonchus, and occasionally a little bubbling rhonchus at the base.

"These patients usually begin to improve from the fourth to the seventh day; the improvement rapidly increased, and, in about three weeks, they were well enough to be discharged. The improvement was so decided that the patients returned to their work, even those who in previous years had been confined to the house the whole winter. The cough and expectoration improved before the breathing. In several cases the expectoration increased during the first three or four days, but its expulsion became easier, and, with the improvement in the cough and expectoration, appetite and strength returned.

"On discontinuing the tar a relapse often occurred in a week or two, and the patient returned with a request for more of the same medicine, and then, a second time, the symptoms quickly subsided. We found it useless in bronchial asthma, and its effects were more evident in cases where expectoration and cough were more marked than dyspnœa.

"We have no doubt that tar is a good, useful, though, perhaps, not a striking, remedy in these troublesome affections, and certainly it is more efficacious than the drugs generally employed.

"It may be remarked that tar is useful in the same cases for which the spray of ipecacuanha wine is serviceable. The spray, we find, acts much more quickly, and, unlike tar, it lessens dyspnœa even before it improves cough or diminishes expectoration."

27. *Transfusion.*—Dr. C. A. EWALD writes to the *Irish Hospital Gazette* (May 15, 1875), that in Berlin the operation of transfusion "has lately become very general, which is due in a great measure to the interest excited by the publications of Dr. Hasse, of Nordhausen. Once the symptoms point to the necessity for the artificial supply of fresh blood, the only questions to be determined are, first, must the blood used be taken from an animal belonging to the same species or not; and further, whether the blood injected should be defibrinated or not? This latter question is to some extent settled; for we know that the fibrin is unnecessary for the purpose of improving degenerated blood, and, therefore, that defibrinated or undefibrinated blood is equally efficacious. For it is an established fact that the red blood corpuscles are not in any way injured by the process of defibrination; and we know that the process